

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593054

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		4		/		
7		4		/		
8		/		/		
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11		/		/		
12		3		/		
13		/		/		
14		8		/		
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43		12		/		
44		12		/		
45		12		/		
46		12		/		
47		12		/		
48		12		/		
49		12		/		
50		12		/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	76	←	59	←		←
TOTAL CLAIMS	77		61			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		8		/		
52		8		/		
53		8		/		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						